PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and outflictation of maintenance fees will be mainted to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (3) specifying a new correspondence address, and/or (b) indicating a separate FEE ADDRESS* for DADRESS* for maintenance fee notifications

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7590

08/21/2008

SCHWEGMAN, LUNDBERG & WOESSNER, P.A. P.O. BOX 2938

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Robert P. Stanz (Denositor's name (Signature 11/19/08 (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/784 507 02/23/2004 Ken Rosenblum 1326.001US5 1487

TITLE OF INVENTION: AUTOMATIC PRESCRIPTION DRUG DISPENSER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	20	\$1740	11/21/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MAI, THIEN T		2887	235-375000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached. Street Address* indication for "Fee Address* Indication form PTO/SBI47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attomeys or agents. If no name is listed, no name will be printed.		pera 2 & Woessi	Schwegman, Lundberg 2 & Woessner, P.A.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE; (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Eden Prairie, Minnesota

InstyMeds Corporation

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fcc (No small entity discount permitted)

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☑ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

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Advance Order - # of Copies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 4/19/08 Registration No. 42,832

Typed or printed name Peter C. Maki

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